Lake County
Health Department and
Community Health Center
www.lakecountyil.gov/Health

3010 Grand Avenue, Waukegan, IL 60030
Phone: 847.377.8000
Fax: 847.984.5731
E-mail: jnordstrom@lakecountyil.gov

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Requestor's Name: _____ Date Requested: ____ / ____ / _____

Requestor is representing: _____

Requestor's Address: _____

Phone Number: _____ Cell Phone Number: _____

Fax Number: _____ E-mail: _____

Record(s) Sought (be as specific as possible): _____

_____

_____

Site Address (if applicable): _____

PIN-Permanent Index Number (if applicable): _____

This public body shall comply with or deny a request within five working days.

Response time can be extended an additional five working days, as allowed under the law.

Copy Fees: First 50 pages are free (black and white-legal or letter), $0.15 per page thereafter; actual costs of copying for color copies.

(For Office Use Only)

Date request received: ____ / ____ / _____ Date request expires: ____ / ____ / _____

Logged in by: HL ____ ____ ____ Forwarded to: _____

Date request denied: ❑ ____ / ____ / _____Date response sent: ❑ ____ / ____ / _____

Copies made: Yes ❑ No ❑ If yes, number of pages copied: _____

Approved by: _____ Date: ____ / ____ / _____

Response Comments: _____

_____